



# Coosa Nation of North America (USA) National ID Request Form

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ID Guidelines	
✓	Registration must be completed and registration number issued before a ID can be requested.
✓	ID fee: \$10 (Adult) and \$5 (age 13-18) *Fee pays for ID and Postage
✓	When requesting ID please attach clear passport picture.
✓	<u>Please allow up to 4 weeks for processing.</u>

\_\_\_\_\_ **LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **MIDDLE NAME**

\_\_\_\_\_ **NATIVE NAME** \_\_\_\_\_ **Male or Female** \_\_\_\_\_ **Circle** \_\_\_\_\_ **HEIGHT** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_ **EYE COLOR** \_\_\_\_\_ **HAIR COLOR**

\_\_\_\_\_ **REGISTRATION #** \_\_\_\_\_ **DOB** \_\_\_\_\_ **PHONE NUMBER**

PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP**

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP**

**Emergency Contact:** In case of emergency please contact please contact

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

I hereby authorize that the above information if true and correct to the best of knowledge. **Please sign inside the box below.** This signature will be double as your ID signature. (If applying for minor please sign for them.)

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

FOR CNNA (USA) PERSONNEL ONLY			
ID # _____	Issue Date _____	Adult <input type="checkbox"/> Minor <input type="checkbox"/>	Photo Received <input type="checkbox"/>
Type of ID	Citizen <input type="checkbox"/> Officer <input type="checkbox"/>	_____	Group <input type="checkbox"/> _____
Fee (_____) Paid <input type="checkbox"/>	Data Entry Clerk _____	Replacement ( )	